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ADULT ACUTE INPATIENT MENTAL HEALTH SERVICES

Allied Health Workforce
Restructure

Consultation Paper

Jan 2023



Government
of South Australia

Health
Northern Adelaide
Local Health Network



INTRODUCTION

The Allied Health (AH) workforce within the NALHN Adult Acute Inpatient Mental Health Services (AAIMHS) is currently underrepresented when measured against other adult acute inpatient services. This has led to sub-optimal consumer outcomes for consumers and ongoing clinical and cost efficiency challenges for the Division of Mental Health (DMH). Given this, there is significant benefit in developing a clear AH workforce plan for the AAIMHS that ensures the provision of safe and high-quality mental health services as identified as a priority within the SA Independent Commissioner Against Corruption (ICAC) Oakden Report (Recommendation 13) (2019), and the SA Health Mental Health Service Plan (2020-2025). Developing a clear AH workforce structure aligns with the recently released NALHN Strategic Plan 2020-2025. These documents provide the opportunity to embed AH as a benchmarked and statewide equitable workforce in the NALHN Adult Inpatient Service interdisciplinary team identifying as a priority the need to increase focus on enhanced clinical activity, service flow, and services efficiencies. Detailed in this consultation paper is a proposal specify several new AH Allied Health Assistant (AHA) specific roles that address current workforce challenges in the Division of Mental Health inpatient services. These new roles are fully funded and are permanent full-time positions.

Background

Mental health professionals working in the AAIMHS are involved in a complex interplay between a commitment to recovery-oriented practice and improved consumer outcomes, while also working in a culture of risk management. These tensions limits clinicians own professional capacity to deliver person-centered excellence in care exacerbated by the challenging environment of acute inpatient services. The distribution and structure of the AH workforce across NALHNs AAIMHS is significantly varied when considered on a per bed basis. The deficits in the current AH workforce structure currently impacts on the consumer experience and recovery timeframes and can place increased pressure on the teams impacting on patient flow, with discharge planning often delayed due to wait times for necessary AH input and contribution. The current AH and AHA organisational structure can also impact on the quality of care available within the acute inpatient environments to support recovery and the transition back to community living. This can exacerbate the risk/likelihood of readmission.

ADULT ACUTE INPATIENT MENTAL HEALTH SERVICES

In Scope Services

Adult Acute Inpatient Mental Health services which are as follows:

- > Lyell McEwin Hospital Ward 1G
- > Lyell McEwin Hospital Ward 1G Psychiatric Intensive Care Unit (PICU)
- > Lyell McEwin Hospital Wanti niina/Mental Health Short Stay Unit (SSU)
- > Modbury Hospital Woodleigh House (WH)

CURRENT AND PROPOSED ALLIED HEALTH WORKFORCE STRUCTURE

The AH workforce within the NALHN AAIMHS is currently limited. This has resulted in sub-optimal consumer outcomes and ongoing quality and cost efficiency challenges for the Division of Mental Health (DMH) in supporting patients in their recovery and enhancing the flow of patients through inpatient units.

The AH workforce currently has a flat organisational structure with gaps across all of the disciplines. This can impact the quality of care, length of stay, and service efficiency and effectiveness. The proposed workforce structure is underpinned by the Independent Commission Against Corruption (ICAC) Oaken Report (Recommendation 13) regarding additional investment in an appropriate AH workforce to support improved outcomes in specialist mental health services. Creating a workforce structure within the AAIMHS will provide an opportunity to develop senior clinical skills, provide career pathways, ensure clinicians can work to full scope, provides backfill and succession planning options, supports integrated care models and supports ongoing



training. The following outlines the three primary AH disciplines and AHAs; their discipline specific practice, current workforce structure and proposed workforce structure.

Discipline	Proposed Change	Classification	Location	Notes
Allied Health Assistant (AHA)	Reclassification AHA2 (0.5FTE) to AHA3 (1.0FTE)	AHA2 to AHA3	WH	AHA2 (0.5FTE) reclassification to AHA3 completed 2021
	New position 1.0 FTE Allied Health Assistant	AHA3	1G	
	New position 1.0 FTE Senior Allied Health Assistant	AHA4	LMH/WH	
Psychology	Reclassification 1.0FTE AHP2 to 1.0 FTE AHP3 Senior Clinical Psychologist	AHP2 to AHP 3	Wanti niina/ SSU	Completed 2021 Supervision across all Inpatient Units
	Increase Psychologist FTE from 0.5 FTE to 1.0 FTE	AHP2	1G	Completed 2022
Social Work (SW)	New position AHP3 1.0 FTE Senior Social Worker	AHP3	LMH/WH	Supervision across all Inpatient Units
Occupational Therapist (OT)	Reclassification 1.0 FTE AHP2 to 1.0 FTE AHP3 Senior Occupational Therapist	AHP2 to AHP3	LMH/WH	Completed 2021 Supervision across all Inpatient Units
	New positions 2.0 FTE Occupational Therapist	AHP2	1 WH 1LMH	
	New position 1.0 FTE Occupational Therapist (AHP3PP)	AHP1	LMH	

BENEFITS AND OUTCOMES OF PROPOSED WORKFORCE STRUCTURE

- > **Cost Efficiency and Care Efficiency.** An embedded AH Workforce significantly reduces LoS for IPUs by providing structured and intensive therapeutic and psychosocial supports and therapeutic interventions. It would also facilitate discharge planning and provide community outreach services that limit hospital readmission.
- > **Safety, Quality and Risk.** The proposed structure will have a significant safety, quality, and risk impact. It will reduce the incidence of challenging behaviors and assist with minimising the use of seclusion and restraint. The introduction of a therapeutic engagement program will provide



patients with the opportunity to engage in meaningful occupations through the introduction of an evidenced based psychosocial group, activity program and sensory modulation focus.

- > **Flexible and Adaptable Workforce.** The AH workforce structure will provide a fluid approach to services delivery, with the capacity to 'flex' across all AAIMHS depending on the demand need for services. Flexibility across wards ensures that patients receive the right care at the right time by the right clinician.
- > **Improving Professional and Clinical Outcomes.** Creating a structure within each of the three primary AH disciplines creates greater clinical accountability and responsibility, improving professional and clinical outcomes. The structure will also ensure greater continuity of care across the adult acute and adult community services, providing capacity to ensure transfer of care is efficient and effective.
- > **Engagement in Meaningful Occupations.** The proposed AH workforce structure will provide capacity to facilitate an enhanced evidenced based psychosocial group and activity program within both Ward 1G and WH inpatient units (RCA recommendations).
- > **Scope of Practice.** Increasing the AHA FTE will provide greater opportunity for clinicians, specifically OT and SW, to work at top of scope whilst providing a cost-effective workforce. The AHAs will also carry the responsibility of Volunteer Coordinator across both inpatient units.
- > **Recruitment and Retention.** Creating graduate positions supports NALHN commitment to the Allied Health Professional Practice Program (AHPPP), positively contributing to the recruitment and retention of AHs within NALHN DMH.
- > **NDIS.** The proposed AH workforce structure will ensure NALHN DMH are more appropriately equipped to manage the increasing demands placed on AH with the NDIS
- > **Improved patient experience.** Providing a true interdisciplinary approach to care will enhance the AAIMHSs capacity to provide a trauma informed care approach to our consumers, increase capacity for meaningful therapeutic engagement, and strengthen opportunity for meaningful occupations and activities to engage in throughout their stay.
- > **Improved family and carer experience.** By expanding the allied health workforce, it will increase opportunity for clinicians to work alongside families and carers and support them in their ongoing role in maintaining recovery for their loved one. An enhanced AH structure will also be supportive of the lived experience workforce and better enable them to deliver improved consumer and family/carer support.

CONSULTATION METHODOLOGY

As a key stakeholder in this process, you are invited to provide feedback regarding the proposal utilising one of the following mechanisms:

Email: healthdivisionofmentalhealth@sa.gov.au

Post: Shaun Sweeney
Division of Mental Health
PO Box 400
Salisbury, SA 5108



Please provide your feedback no later than COB 24 February 2023

Email: healthdivisionofmentalhealth@sa.gov.au

Post: Shaun Sweeney
Division of Mental Health
PO Box 400
Salisbury, SA 5108

NEXT STEPS

The next steps for the proposal are:

- Consultation with staff, and key stakeholders including Unions and staff associations,
- Following consideration of any stakeholder feedback,
- Further review/refinement of the proposal if required,
- Move to finalise the approach.

Following consultation an anticipated implementation date will be provided.